

## **EXHIBIT 29**

**Fill in this information to identify the case:**

Debtor Highland Capital Management, L.P.

United States Bankruptcy Court for the: Northern District of Texas  
(State)

Case number 19-34054

## Official Form 410

### Proof of Claim

04/19

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

**Part 1: Identify the Claim**

| <b>1. Who is the current creditor?</b>                                                                                                         | <u>Highland Healthcare Opportunities Fund</u><br><small>Name of the current creditor (the person or entity to be paid for this claim)</small><br><br><small>Other names the creditor used with the debtor</small> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                                                               |                                                                                                                 |  |                                                                                                          |                                                                          |                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| <b>2. Has this claim been acquired from someone else?</b>                                                                                      | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. From whom? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                                               |                                                                                                                 |  |                                                                                                          |                                                                          |                                                                                                          |  |
| <b>3. Where should notices and payments to the creditor be sent?</b><br><br><small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 2px;">Where should notices to the creditor be sent?</th> <th style="width: 50%; padding: 2px;">Where should payments to the creditor be sent? (if different)</th> </tr> <tr> <td style="padding: 5px;"> <u>Highland Healthcare Opportunities Fund</u><br/> <u>300 Crescent Court, Ste. 700</u><br/> <u>Dallas, TX 75201</u> </td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> <small>Contact phone</small> <u>972-628-4100</u><br/> <small>Contact email</small> <u>See summary page</u> </td> <td style="padding: 5px;"> <small>Contact phone</small> _____<br/> <small>Contact email</small> _____         </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small><br/>           _____         </td> </tr> </table> | Where should notices to the creditor be sent? | Where should payments to the creditor be sent? (if different) | <u>Highland Healthcare Opportunities Fund</u><br><u>300 Crescent Court, Ste. 700</u><br><u>Dallas, TX 75201</u> |  | <small>Contact phone</small> <u>972-628-4100</u><br><small>Contact email</small> <u>See summary page</u> | <small>Contact phone</small> _____<br><small>Contact email</small> _____ | <small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small><br>_____ |  |
| Where should notices to the creditor be sent?                                                                                                  | Where should payments to the creditor be sent? (if different)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                                               |                                                                                                                 |  |                                                                                                          |                                                                          |                                                                                                          |  |
| <u>Highland Healthcare Opportunities Fund</u><br><u>300 Crescent Court, Ste. 700</u><br><u>Dallas, TX 75201</u>                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                                               |                                                                                                                 |  |                                                                                                          |                                                                          |                                                                                                          |  |
| <small>Contact phone</small> <u>972-628-4100</u><br><small>Contact email</small> <u>See summary page</u>                                       | <small>Contact phone</small> _____<br><small>Contact email</small> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                                               |                                                                                                                 |  |                                                                                                          |                                                                          |                                                                                                          |  |
| <small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small><br>_____                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                                               |                                                                                                                 |  |                                                                                                          |                                                                          |                                                                                                          |  |
| <b>4. Does this claim amend one already filed?</b>                                                                                             | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                                                               |                                                                                                                 |  |                                                                                                          |                                                                          |                                                                                                          |  |
| <b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>                                                                | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Who made the earlier filing? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                                                               |                                                                                                                 |  |                                                                                                          |                                                                          |                                                                                                          |  |

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Do you have any number you use to identify the debtor? | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 7. How much is the claim?                                 | \$ <u>See attached Exhibit "A"</u> . Does this amount include interest or other charges?<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 8. What is the basis of the claim?                        | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.<br>Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).<br>Limit disclosing information that is entitled to privacy, such as health care information.<br><br><u>See attached Exhibit "A"</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 9. Is all or part of the claim secured?                   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. The claim is secured by a lien on property.<br><div style="margin-left: 40px;"> <b>Nature or property:</b><br/> <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.<br/> <input type="checkbox"/> Motor vehicle<br/> <input type="checkbox"/> Other. Describe: _____         </div> <div style="margin-left: 40px; margin-top: 20px;"> <b>Basis for perfection:</b> _____<br/>         Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)       </div> <div style="margin-left: 40px; margin-top: 20px;"> <b>Value of property:</b> \$ _____<br/> <b>Amount of the claim that is secured:</b> \$ _____<br/> <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)       </div> <div style="margin-left: 40px; margin-top: 20px;"> <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____       </div> <div style="margin-left: 40px; margin-top: 20px;"> <b>Annual Interest Rate</b> (when case was filed) _____ %<br/> <input type="checkbox"/> Fixed<br/> <input type="checkbox"/> Variable       </div> |
| 10. Is this claim based on a lease?                       | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 11. Is this claim subject to a right of setoff?           | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Identify the property: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



For phone assistance: Domestic (877) 573-3984 | International (310) 751-1829

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Debtor:</b><br>19-34054 - Highland Capital Management, L.P.<br><b>District:</b><br>Northern District of Texas, Dallas Division                                                                                                      |                                                                                                                                   |                                  |
| <b>Creditor:</b><br>Highland Healthcare Opportunities Fund<br>300 Crescent Court, Ste. 700<br>Dallas, TX, 75201<br><b>Phone:</b><br>972-628-4100<br><b>Phone 2:</b><br><b>Fax:</b><br><b>Email:</b><br>fwaterhouse@highlandcapital.com | <b>Has Supporting Documentation:</b><br>Yes, supporting documentation successfully uploaded<br><b>Related Document Statement:</b> |                                  |
|                                                                                                                                                                                                                                        | <b>Has Related Claim:</b><br>No<br><b>Related Claim Filed By:</b>                                                                 |                                  |
|                                                                                                                                                                                                                                        | <b>Filing Party:</b><br>Authorized agent                                                                                          |                                  |
| <b>Other Names Used with Debtor:</b>                                                                                                                                                                                                   | <b>Amends Claim:</b><br>No<br><b>Acquired Claim:</b><br>No                                                                        |                                  |
| <b>Basis of Claim:</b><br>See attached Exhibit "A"                                                                                                                                                                                     | <b>Last 4 Digits:</b><br>No                                                                                                       | <b>Uniform Claim Identifier:</b> |
| <b>Total Amount of Claim:</b><br>See attached Exhibit "A"                                                                                                                                                                              | <b>Includes Interest or Charges:</b><br>None                                                                                      |                                  |
| <b>Has Priority Claim:</b><br>No                                                                                                                                                                                                       |                                                                                                                                   |                                  |
| <b>Priority Under:</b>                                                                                                                                                                                                                 |                                                                                                                                   |                                  |
| <b>Has Secured Claim:</b><br>No<br><b>Amount of 503(b)(9):</b><br>No<br><b>Based on Lease:</b><br>No<br><b>Subject to Right of Setoff:</b><br>No                                                                                       |                                                                                                                                   |                                  |
| <b>Nature of Secured Amount:</b><br><b>Value of Property:</b><br><b>Annual Interest Rate:</b><br><b>Arrearage Amount:</b><br><b>Basis for Perfection:</b><br><b>Amount Unsecured:</b>                                                  |                                                                                                                                   |                                  |
| <b>Submitted By:</b><br>Frank George Waterhouse on 08-Apr-2020 3:01:18 p.m. Eastern Time<br><b>Title:</b><br>Authorized Agent<br><b>Company:</b><br>Highland Healthcare Opportunities Fund                                             |                                                                                                                                   |                                  |

**Exhibit A**

This Exhibit “A” is being filed by Highland Capital Management Fund Advisors, L.P. (“HCMFA”) and Claimant pursuant to the Second Amended and Restated Shared Services Agreement to be effective as of February 8, 2013, the Payroll Reimbursement Agreement entered into May 1, 2018 and Amendment Number One to Payroll Reimbursement Agreement entered into on December 14, 2018, pursuant to which Claimant has a claim against the Debtor in a contingent and unliquidated amount. Claimant has requested information from the Debtor to ascertain the exact amount of its claim. This process is on-going. Additionally, this process has been delayed due to the outbreak of the Coronavirus. Claimant is continuing to work to ascertain the exact amount of its claim and will update its claim in the next ninety days.